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## BIB DATA SHEET

CONFIRMATION NO. 8504

<b>SERIAL NUMBER</b> 10/760,018	<b>FILING or 371(c) DATE</b> 01/20/2004 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Chuck Olson, Bellville, TX; NONE M.B. <b>** CONTINUING DATA *****</b> NONE M.B. <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/21/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged /MICHAEL A BROWN/ Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 18 <del>27</del> <b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> Delphine M. James, Attorney-at-Law 2656 South Loop West, Ste. 170 Houston, TX 77054 UNITED STATES					
<b>TITLE</b> Ergonomic reflexology device					
<b>FILING FEE RECEIVED</b> 480	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees			
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